· · · · · · · · · · · · · · · · · · ·	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X
Stephanie Ricci 145 Corte Madera Town Ctr., #62 Corte Madera, CA 94925	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7009 (Transfer from service label)	0820 0001 6717 0659
PS Form 3811, August 2001 Domestic R	eturn Receipt 102595-01-M-2509